

Abstracts

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health conditions, and the demographic variables. We also report QOL weights for the self-reported health state and priority health conditions, by the demographic variables. Finally, ordinary least squares and CLAD regression equations were used to estimate adjusted QOL weights for these variables. **CONCLUSION:** By providing nationally representative QOL weights for self-reported health status and priority health conditions, by demographic variable, we have facilitated the use of large national surveys for conducting cost-utility analysis and increased their value to researchers and policy makers.

PIH12

IDENTIFYING MEANINGFUL IMPROVEMENTS IN VASOMOTOR SYMPTOMS AMONG MENOPAUSAL WOMEN USING DESVENLAFAXINE SUCCINATE

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OBJECTIVES: To identify treatment satisfaction thresholds for interpreting treatment-related changes in vasomotor symptoms, and determine the doses of desvenlafaxine succinate (DVS) that effectively provide relief of vasomotor symptoms considered important by menopausal women. **METHODS:** Efficacy and treatment satisfaction were assessed in 620 postmenopausal women with ≥ 7 moderate-to-severe vasomotor symptoms/day participating in a double-blind, placebo-controlled trial randomized to placebo or DVS 50, 100, 150, or 200 mg. Number and severity of hot flushes and number of nighttime awakenings were recorded in daily diaries for 12 weeks of treatment. Responses to the Menopausal Symptoms Treatment Satisfaction Questionnaire at week 12 were compared with efficacy results. The treatment satisfaction threshold was anchored by the difference in the average symptom change among women reporting “neutral” satisfaction compared with women reporting “satisfied,” without deference to treatment group. **RESULTS:** Greater percentages of participants in the DVS groups reported being “satisfied” or “extremely satisfied” with daytime and nighttime control of hot flushes compared with placebo (57–75% versus 52%; $P = 0.009$ and 63–80% versus 54%; $P = 0.003$). These efficacy results were greatest in the 100 mg DVS group. The treatment satisfaction threshold was 1.64 for daytime hot flushes, 0.20 for the hot flushes severity score, and 0.42 for nighttime awakenings. Statistically significant efficacy outcomes with DVS 100 mg compared with placebo exceeded all treatment satisfaction thresholds. **CONCLUSION:** Among menopausal women in this study, the treatment satisfaction thresholds in vasomotor symptoms reduction over placebo were 1.64 hot flushes per day and about one nighttime awakening every other night. Exceeding these vasomotor symptoms change thresholds indicated that the 100 mg dose of DVS had achieved important and meaningful improvements from the participants’ perspective. DVS is an effective option for treatment of vasomotor symptoms associated with menopause.

INFECTION—Clinical Outcomes Studies

PINI

COST-EFFECTIVENESS OF ACUTE AND CHRONIC RHINOSINUSITIS AT THE MEXICAN INSTITUTE OF SOCIAL SECURITY (IMSS)

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OBJECTIVES: To determine the cost-effectiveness of treatments for patients with acute (RSA) and chronic rhinosinusitis (RSC) that are available at the Mexican Institute of Social Security (IMSS). **METHODS:** Cost-effectiveness analysis of RSA and RSC treatment from an institutional perspective. Effectiveness outcome was defined as the percentage of cure and this information was taken from the literature. Use of resources was obtained from an expert panel and unit costs were taken from Administrative and Financial departments from IMSS. Estimated costs are expressed in US dollars (USD). A decision tree with a Bayesian approach included the following therapeutic alternatives: ciprofloxacin, gatifloxacin, trimetoprim/sulfamethoxazol (TMP/SMX), amoxicillin/clavulanic acid (AAC) and clindamicin. The decision tree was designed by IMSS experts according to clinical guidelines. Univariate and bivariate sensitivity analyses were carried out. **RESULTS:** Treatment for RSA with AAC showed a mean cost per cured patient of \$79.8 USD. The remaining antibiotics had a higher cost per unit of success, and therefore the results showed that AAC was the best alternative considering this criterion. The study that showed a larger percentage of cured patients in RSC was clindamicin (cost per unit of success 666.3 USD); however, the therapeutic alternative with the lowest cost per successful unit was the one based on ciprofloxacin, which dominates gatifloxacin and AAC. **CONCLUSION:** Ciprofloxacin is a cost-effective alternative for both, RSA and RSC; however, AAC is also a good alternative in RSA when resources are constrained. Sensitivity analysis showed the strength of the base study results.

PIN2

RETROSPECTIVE COMPARISON OF TREATMENT OUTCOMES AMONG HEPATITIS C PATIENTS TREATED WITH PEGYLATED INTERFERON 2A OR 2B PLUS RIBAVIRIN AT DIFFERENT VA MEDICAL CENTERS

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OBJECTIVES: Assess differences in treatment response between weight-based peginterferon alfa-2b (PEG2b) or standard dosed peginterferon alfa-2a (PEG2a) plus weight-based ribavirin (RBV); identify patient variables that may predict treatment response; and evaluate differences in cost-effectiveness. **METHODS:** We compared two retrospective assessments of the treatment of hepatitis C virus (HCV) infected patients at two different VAs. The primary outcome was sustained virologic response (SVR), defined as an undetectable viral load 6 months post-therapy completion. All patients were treatment naïve and had received at least 2 doses of PEG 2a or 2b plus RBV prior to January 2005 ($n = 151$). **RESULTS:** SVR among genotype 1 and genotype 2/3 patients was 21% and 71% for PEG2a versus 20% and 70% for PEG2b, respectively. Premature treatment discontinuation due to an adverse event occurred among 36% of PEG2a and 40% of PEG2b patients. The overall relapse rate was 29% for each regimen. There was a statistically significant difference in baseline age and weight between the two groups. Overall mean age \pm SD was 52 ± 6 years for PEG2a and 49 ± 7 years for PEG2b ($P = 0.001$); overall mean body weight was 94 ± 18 kg for PEG2a and 86 ± 13 for PEG2b ($P = 0.008$). Cost per successful outcome (defined as SVR) for genotype 1 and genotype 2/3 was \$36,567 and \$4958 for PEG2a versus \$38,670 and \$5060 for PEG2b, respectively. **CONCLUSION:** There were no statistically significant differences between peginterferon alfa-2a and peginterferon alfa-2b in terms of treatment response or cost-effectiveness; however dissimilarities in the variables associated